## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notifications.		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the	ā

8791 7590 05/13/2010

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP 1279 OAKMEAD PARKWAY SUNNYVALE, CA 94085-4040

Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fassimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Gheri Clinkenbeard	(Depositor's name)
Municipara	(Signature)
June 25, 2010	(Date)

FILING DATE APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/916 051 03/31/2004 Sundar Vodula 080398 P581 0617

TITLE OF INVENTION: SEMANTICS-BASED MOTION ESTIMATION FOR MULTI-VIEW VIDEO CODING

ı	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/13/2010
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	]		
	HALLENBECK-HU		2621	375-240120			
CHARLES Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Zames Address indication or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a negistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Taylor &	IBlakely, Sokoloff, Taylor & Zafman LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Sony Corporation/Sony Electronics Inc. Tokyo, Japan/Park Ridge, NJ Please check the appropriate assignee category or categories (will not be printed on the patent):

4a. The following fcc(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

XX Issue Fee A check is enclosed. XX Publication Fcc (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. Db. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1,27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

interest as shown by the records of the United States Patent and Trademark Office. Date NNE 25,2010 Authorized Signature

Typed or printed name Sheryl Sue Holloway Registration No. 37,850

Tais collection of information is required by 3 TCFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially its generous by 3 US LC 122 and 3 TCFR 1.14. This collection is estimated to stake 12 minutes to complete, including gatheric, prebning, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this surden, should be sent to the Cheir Information Officer. U.S. Pateriant Officer, U.S. Pateriant Officer, O.S. Pateriant and Trademark U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.